



## Bay County 4-H Cloverbud Information Form

**\*\*Cloverbuds are 4-H participants who are aged 5-8 as of January 1, 2012.**

**Deadline: Friday, November 2, 2012**

PRINT AND USE INK

1. Name: \_\_\_\_\_  
First Middle Last

2. Address: \_\_\_\_\_  
Number Street

\_\_\_\_\_ City State Zip

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Age: (as of January 1, 2012) \_\_\_\_\_

Name of Parents or Guardians: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ or graduated: \_\_\_\_\_

I have completed \_\_\_\_\_ calendar years of 4-H. Name of Club: \_\_\_\_\_

I have held the following offices in my 4-H club: \_\_\_\_\_

Leader's Name: \_\_\_\_\_ Teen Leader: ☐ Yes ☐ No

3. What skills have you gained as a result of being involved in the Bay County 4-H Youth Program?

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4. Who has been a positive role model for you this year in 4-H?

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5. Is there anything else you would like us to know?

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Signature \_\_\_\_\_  
**Member Signature**

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**Date**

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